CHANGE OF ADDRESS

APPLICATION FOR A SUBSTANCE ABUSE LICENSE
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Bureau of Health Systems
Division of Licensing & Certification
Substance Abuse Licensing Section

LICENSE NUMBER _____

CA NUMBER _____

CONSULTANT _____

RETURN THIS **ORIGINAL** APPLICATION TO:

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Bureau of Health Systems
Division of Licensing & Certification
Substance Abuse Licensing Section
PO Box 30664
Lansing, MI 48909

MAIL COPY OF THIS APPLICATION TO YOUR REGIONAL COORDINATING AGENCY

In accordance with the provisions of Act 368 of the Public Acts of 1978, as amended, and the Administrative Rules (R 325.14101-R 325.14928) of the Michigan Department of Community Health, Substance Abuse Licensing Section, the undersigned hereby applies for a license to operate a substance abuse treatment, rehabilitation and/or prevention program.

DATE SUBMITTED _____

EFFECTIVE DATE OF CHANGE _____

PROGRAM NAME _____
No more than 95 characters, including spaces and punctuations

ADDRESS _____

P.O. BOX (If Applicable) _____ COUNTY _____

CITY _____,MI ZIP _____ PHONE _____
Area Code

INDICATE THE TYPE OF ORGANIZATION THAT IS LEGALLY RESPONSIBLE FOR OPERATION OF THE PROGRAM. PLEASE COMPLETE BOTH PARTS A AND B.

A. ___ For Profit
___ Non-Profit

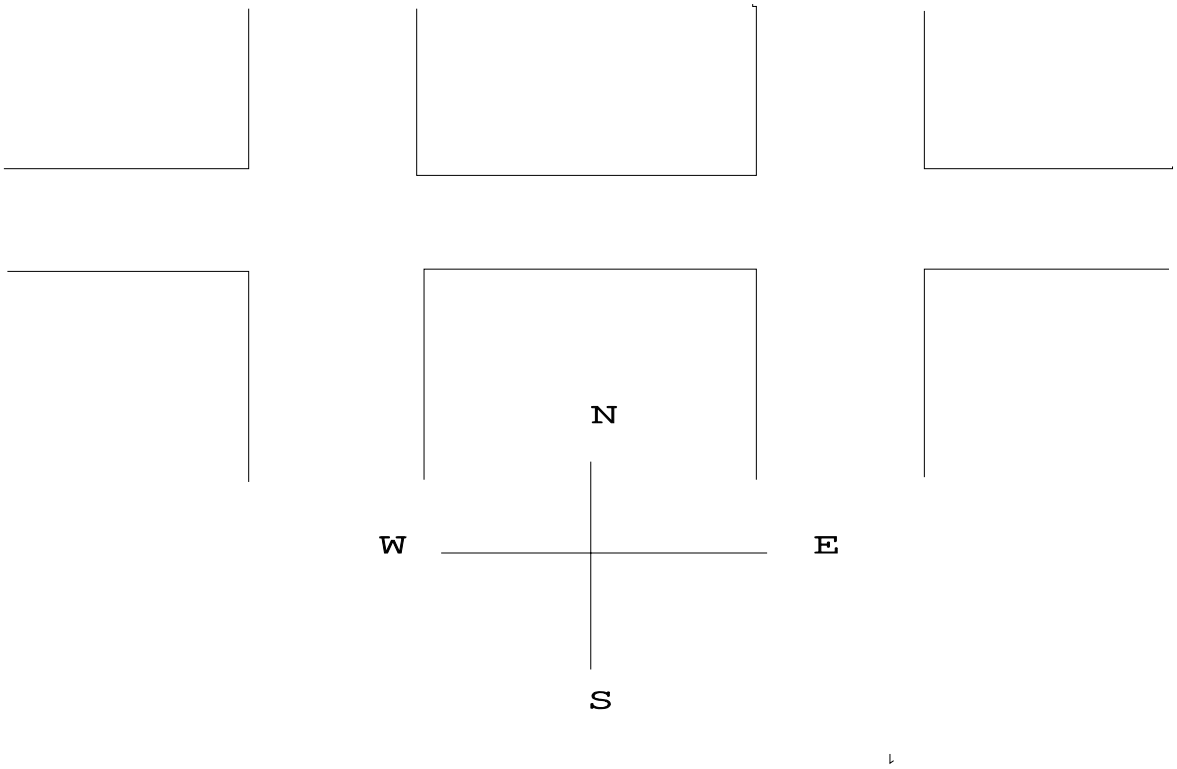
B. ___ Sole Ownership
___ Corporation
___ Partnership
___ City Government
___ County Government
___ State Government
___ Hospital Authority
___ Other-Specify _____

DAYS/HOURS OF OPERATION _____

PROGRAM DIRECTOR'S NAME _____

Authority: PA 368 of 1978, As Amended

DIRECTIONS TO PROGRAM



DIRECTIONS TO PROGRAM SITE: (Please Print) _____

_____

_____

_____